



DEPARTMENT OF FINANCE & ADMINISTRATION

Office of Personnel Management

Leave Balance Quota Correction Form (IT2013)

Employee Name (Last, First, Middle)			Date: (MM/DD/YY)
Personnel Number	Business Area	Personnel Area	Organization Unit

LEAVE CATEGORIES AND CODES: Leave may be requested in 15-minute increments only.

Hour/Minutes		Hour/Minutes	
<input type="checkbox"/> ANNL – Annual	_____	<input type="checkbox"/> EMBD – Employee Birthday	_____
<input type="checkbox"/> CATL – Catastrophic Leave	_____	<input type="checkbox"/> OTHER – (specify)	_____
<input type="checkbox"/> COMP – Compensatory	_____		_____
<input type="checkbox"/> DSTR – Disaster	_____		
<input type="checkbox"/> FML – Family Medical Leave	_____		
<input type="checkbox"/> MILV – Military	_____		
<input type="checkbox"/> SICK – Sick	_____		
<input type="checkbox"/> HLDY – Holiday (specify)	_____		
_____	_____		

Reason for Correction: (Attach necessary documentation).

Employee Signature	Date MM/DD/YY
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AUTHORIZATION:

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date MM/DD/YY
	Approving Authority	Date MM/DD/YY
	Data Entered By	Date MM/DD/YY

Comments: _____

